

**NAME CHANGE FORM
MEDICAL APPLICANT**

If your name has changed at any point since you first registered with the American Medical Association, taken any exams or attended a college/university, please note below in order for us to correctly file your supplemental documents with your application.

PREVIOUS NAME (S):

1. _____, _____
LAST NAME FIRST NAME Middle Initial

1. _____, _____
LAST NAME FIRST NAME Middle Initial

2. _____, _____
LAST NAME FIRST NAME Middle Initial

3. _____, _____
LAST NAME FIRST NAME Middle Initial

4. _____, _____
LAST NAME FIRST NAME Middle Initial

ASI ONLY:

Applicant Name:

_____, _____
LAST NAME FIRST NAME Middle Initial

Batch #: _____ Application Date: _____

Social Security Number: _____-_____-_____

American Medical Association

Physicians dedicated to the health of America

AMA Physician Profile Unit
515 North State St
Chicago, IL 60610

Telephone: 312 464-5199
Fax: 312 464-5900

AMA Physician Profile Order Form (physician use)

To order, please complete and send this form to the American Medical Association (AMA). Profiles will be mailed to the board specified within 4 weeks of request receipt. AMA Physician Profiles can also be ordered online through the **AMA ePhysician Profile** system located at <http://www.ama-assn.org/AMAPhysicianProfiles>. AMA Customer Service is available for ordering assistance at 800-665-2882 or 312-464-5199, Monday through Friday, 8:30am - 4:45pm CT.

Indicate Your AMA Membership Status: _____ Member Physician _____ Nonmember Physician

Membership Type	Standard Mail Service (within 20 business days)	Express Service (within 5 business days)
AMA Member Physician	No charge	\$12 per profile
Nonmember Physician	\$20 per profile	\$25 per profile

*****Join or renew your AMA membership today---call 800-AMA-3211*****

Credit card payment is accepted. Checks should be made payable to the American Medical Association, Remittance Control Area/PPS, Accounting Department, PO Box 109054, Chicago, IL 60610. **Orders faxed to the AMA must include credit card information for billing purposes.**

___ VISA ___ American Express ___ MasterCard Charge Amount: \$ _____

Credit Card Number _____ Expiration: ____/____/____

Print Name on Credit Card: _____

Full Billing Address: _____

Approval Signature _____ Daytime Telephone: _____

Part 1: AMA Physician Profile Delivery Information

Please send my profile to the following state licensing or medical specialty board:

Board Name: _____

NOTE: When requesting delivery to a state licensing board, indicate MD or DO profession type to avoid delays.

Part 2: Physician Information

Physician Name (first, middle, last, suffix) _____

Place of birth _____

Date of Birth _____

Social Security Number _____

E-mail Address _____

Medical Education Number _____

Preferred Mailing Address _____

City _____

State _____

Zip Code _____

(____)____-____
Telephone Number

The above address is my OFFICE ___ HOME ___ OTHER ___

If address is home or other, please complete this section.

Primary Office Address _____

City _____

State _____

Zip Code _____

(____)____-____
Office Telephone Number

Part 3: Medical Education and Other Information

Medical School of Graduation

Year of Graduation

DEA Number

ECFMG Number

Residency Training

Residency Training (institution/hospital name, location, and years)

Hospital Admitting Privileges

Hospital Name

City/State

Group Practice Affiliation(s)

Group Practice Name

City/State

Physician Agreement**Agreement must be signed in order to process your request.**

AMA endeavors to maintain its physicians' records with information that is complete, current, and timely; however, because of possible reporting and processing delays, no representations or warranties as to the accuracy or completeness can be or is made. In consideration of the receipt of your physician record provided by AMA, hereby release AMA, its agents and servants from any and all liability whatsoever for inaccurate or incomplete information in such physician record. Submission of this form and payment of fee (if applicable) shall be conclusive evidence of your understanding and agreement to the above stated terms and conditions.

X

Signature

Date

Request for EXAMINATION AND BOARD ACTION HISTORY REPORT (EBAHR)

The Federation of State Medical Boards' Examination and Board Action History Report (EBAHR) will certify whether you have previously taken the examination(s) designated by you on the attached form. If you have scores on record, the EBAHR will certify a complete history of your scores for the designated examination(s). See the reverse side of this instruction sheet for available examination history. The EBAHR will also include an indication, if applicable, of any action taken against you and reported to the Federation by a licensing or disciplinary board and/or other credentialing agency. The Federation considers your examination scores to be confidential and, therefore, requires your authorization in order to provide an EBAHR to you or to a third party.

NOTE: Licensing authorities generally require that EBAHRs be forwarded directly from the Federation rather than being submitted by you with other documents.

GENERAL INSTRUCTIONS FOR REQUESTING AN EBAHR

Attached is an EBAHR request form. The EBAHR fee is \$45 per party designated in Section IV, Part B of the EBAHR request form, regardless of the number of examinations included on the report. The Federation issues EBAHRs within approximately one week of receiving the completed EBAHR request form and appropriate fee. EBAHRs are sent via first class mail or may be sent via an express courier for an additional \$16 per party. To have your EBAHR sent by express courier, indicate on the EBAHR request form by checking the Express box when designating recipients in Section IV, Part B and by submitting the appropriate fee. Express courier does not affect the standard processing time of approximately 5 business days once received in our office. Checks or money orders should be made payable to the Federation of State Medical Boards. A \$25 fee will be charged on any returned checks, and no further services from the Federation will be made available until full payment is received.

NOTARIZING THE EBAHR REQUEST FORM

The EBAHR request form **MUST** be notarized in Section IV, Part C. Please use the following checklist to ensure proper notarization:

- I. Notary's Stamp/Seal
- II. Notary's Name
- III. Notary's Signature
- IV. Notary's Commission Expiration Date
- V. Date of Notarization (must be dated within the last six months)

The notary may attach an affidavit, or cover sheet, if he/she chooses. Some states require an affidavit to be used instead of notarizing the actual document. Affidavits must also meet the above checklist of requirements and be attached to the EBAHR request form. Photocopies of the notarization will **NOT** be accepted.

MAILING THE EBAHR REQUEST FORM

All EBAHR requests are processed as they are received. **The Federation will not hold an EBAHR request pending the release of scores at a later date.** If you have recently taken USMLE Steps 1,2, or 3 and need that score to appear on your EBAHR, do not send this request until you have received your official score report for that Step. Once the EBAHR request form is completed and properly notarized, mail it, along with the appropriate payment, either via first class mail or express courier. To send it via first class mail, use the Dallas address below. To send it via express courier or overnight delivery service, please use the street address in Bedford. Express courier does not affect the standard processing time of approximately 5 business days once received in our office.

via first class mail:

FEDERATION OF STATE MEDICAL BOARDS
c/o WHOLESALE LOCKBOX
PO Box 970599
Dallas, TX 75397-0599

via express courier or overnight delivery service:

FEDERATION OF STATE MEDICAL BOARDS
c/o WHOLESALE LOCKBOX
1901 Parkwood, #970599
Bedford, TX 76021-5737

Please feel free to contact our office at (817) 868-4041 if you require further assistance.

RETAIN THIS PAGE FOR YOUR INFORMATION

AVAILABLE EXAMINATION SCORES

The Federation maintains scores for the following examinations:

- FLEX — Federation Licensing Examination
- SPEX — Special Purpose Examination
- USMLE Steps 1, 2 and 3 — United States Medical Licensing Examination

The Federation **DOES NOT** maintain or have access to National Board of Medical Examiners (NBME) Parts I, II or III, or the Educational Commission for Foreign Medical Graduates (ECFMG), Foreign Medical Graduates Examination in the Medical Sciences (FMGEMS) Day 1 or Day 2. To obtain scores for these examinations, please contact the entity, which administered the examination to you.

For information concerning NBME Parts I, II and III administered by the NBME:

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3190
(215) 590-9500

For information concerning NBME Parts I, II and III administered by ECFMG or for information concerning FMGEMS:

Educational Commission for Foreign Medical Graduates
3624 Market Street
Philadelphia, PA 19104
(215) 386-5900

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PLEASE TYPE OR PRINT CLEARLY

SECTION IV - Authorization

A. Choose one or more of the following examination types to be included on your EBAHR.
(FSMB cannot provide NBME or FMGEMS scores.)

☐ FLEX ☐ USMLE ☐ SPEX

B. WHERE DO YOU WANT YOUR EBAHR/TRANSCRIPT TO BE SENT? Please provide complete name, address and phone number to which the EBAHR is to be sent.
(Check the Express box if you want the EBAHR to be sent via overnight carrier for an additional \$16 per address. Express does not affect the standard processing time of approximately 5 business days.)

☐ Express
Attention _____
Address _____

☐ Express
Attention _____
Address _____

City _____ State _____ Zip _____
Phone _____

City _____ State _____ Zip _____
Phone _____

(If EBAHRs are to be sent to additional addresses, please attach a separate sheet clearly listing names and addresses.)

C. Provide signature to authorize the release of examination information indicated in part A of this section to the parties listed in part B of this section and to authorize a report of board action, if applicable.

I hereby authorize and request that the Federation of State Medical Boards of the United States, Inc., provide an Examination and Board Action History Report as described herein. I understand and acknowledge that, in addition to my examination scores, the EBAHR will indicate any action taken against me and reported to the Federation's Board Action Data Bank by a US/Canadian licensing and/or disciplinary authority or other credentialing agency. Further, I hereby waive all rights or claims against the Federation for its provision of the examination history and other information hereby requested.

Signature _____ Date _____

Certification of Identification (Certification by a Notary Public is Required.)

Notary
Stamp/Seal

Name of Notary Public (please print) _____
I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this individual by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the individual, and (b) comparing the individual's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the individual on this _____ day of _____ in the year of _____.

Notary Public Signature _____ County/Parish of _____ Commission Expiration Date _____

D. Each EBAHR notarization requires the following: Notary's Stamp/Seal; Notary's Name; Notary's Signature; Notary's Commission Expiration Date; Date of Notarization (MUST BE WITHIN THE LAST SIX (6) MONTHS)

The notary may attach an affidavit, or cover sheet, if he/she chooses. Some states require an affidavit to be used instead of notarizing the actual document. Affidavits must also meet the above requirements and be attached to the EBAHR request form. Photocopies of the notarization will NOT be accepted.

Failure to provide sufficient and accurate information and/or failure to sign and properly notarize the authorization may significantly delay your request. Do not send license application or other documentation to this office.